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I am being undermined by a colleague—what should I do?

Doctors sometimes feel criticised or attacked by their colleagues. **Tom Moberly** hears advice on what to do when this happens

Tom Moberly *UK editor*

Seek support early

Sara Sreih, medicolegal consultant at the Medical Protection Society, says, “According to the 2024 NHS staff survey, more than 15% of staff experienced at least one incident of harassment, bullying, or abuse from colleagues in the previous 12 months. Unfortunately, it’s not uncommon for us at MPS to see cases that have deep rooted disputes between colleagues at the centre.

“Such behaviours not only affect those on the receiving end but can have a profound impact on patient care. If inappropriate communication or interactions are allowed to play out in the context of handovers or referrals, for example, patients can be put at risk.

“If you’re being undermined by a colleague, pause and take a deep metaphorical breath. Bearing in mind your professional obligations to work collaboratively and to treat colleagues with kindness and respect, you should be wary about being drawn in to responding in an unprofessional manner.

“If another clinician questions a clinical decision you’ve made, consider that they have a duty to raise a concern where they perceive risk to patient safety. This may, however, be a matter that requires more serious attention if the behaviour is persistent, intentional, or carried out without courtesy and respect. Try objectively to identify and document these instances.

“If these situations arise because of poor communication or a personality clash, a direct conversation may be the first step. If you feel the behaviour might amount to bullying or harassment, then support should be sought. Seek advice from your line manager or a trusted mentor and consider involving your union or medical defence organisation. The impact on confidence and wellbeing can be considerable and long lasting, so seek support early.”

Maintain professionalism

Clare Gerada, former president of the Royal College of General Practitioners and founder of the NHS Practitioner Health programme, says, “Dealing with a colleague who undermines you can be challenging, especially where teamwork is essential. It has happened to me during my career, and it’s very painful.

“Start by reflecting on the specific behaviours that are making you feel undermined. Consider whether these actions are intentional or if misunderstandings are at play.

“Recording incidents that demonstrate this undermining behaviour can be helpful. Documenting the context, what was said or done, and how it impacted your work might provide clarity and support if you need to escalate the matter later.

“If you feel comfortable, open up to your colleague about how their actions affect you. Use ‘I’ statements to express your feelings without sounding accusatory. For example, you might say, ‘I feel undermined when my contributions are dismissed in meetings.’

“Seeking support from a trusted mentor or colleague can also be beneficial. They may offer helpful advice or share similar experiences that can provide perspective.

“Throughout this process, it’s essential to maintain professionalism. Respond calmly to undermining behaviours and uphold high standards in your work. If the behaviour persists, setting clear boundaries may also be necessary, such as keeping all conversations to those needed for clinical work only. Politely communicate that specific actions are unacceptable and explain their impact on your work dynamics.

“Building relationships with other colleagues can help create a support network, making you feel more secure in your role and providing a counterbalance to negative behaviour.

“If the situation doesn’t improve despite your attempts to tackle it, consider exploring formal conflict resolution avenues in your organisation, such as mediation or a grievance procedure. Resolving this matter may take time, but your efforts are essential.”

Record examples

Martin Bond, general secretary of HCSA—the hospital doctors’ union, says, “Undermining behaviour can emerge in all workplaces, but the pressurised environment in the NHS makes it particularly prone to the problem. In an ideal world, dealing with this kind of problem would be straightforward. Employers should have clear standards of conduct and policies should be in place to deal with conflicts that emerge between staff.

“The best case scenario is that by raising the matter informally it can be tackled. Sometimes this kind of behaviour is completely unintentional and tackling it directly could be enough to get an apology and nip the problem in the bud.

“In the real world, however, things are often far more complex, perhaps because of power dynamics—between resident doctors and senior medical staff, for example—or because of wider toxic

cultures which allow bad behaviour to go unchallenged. People who undermine colleagues may simply be hardwired to behave that way.

“It’s important to record examples of the behaviour that is affecting you. Where an informal approach doesn’t resolve things, there should be an escalation and conciliation process available through your employer, although this path would involve raising a formal concern in line with written policy.

“This can feel like a huge step. As well as being daunting, raising concerns about colleagues sometimes leads to the complainant being labelled a troublemaker and this creates even worse problems at work—particularly when those power dynamics come into play.

“That’s where a union such as HCSA comes in—if an informal approach doesn’t work, or you don’t feel able to raise the concern directly, we’re here to support and advise you on the way forward. It’s vital to remember you don’t have to face this kind of problem alone.”